



TRANSMITTAL FORM (to be used for all <i>correspondence after</i> initial filing)	Application Number	10/564,842	
	Filing Date	January 11, 2006	
	First Named Inventor	CHU, et al.	
	Art Unit	1755	
	Examiner Name	Marcheschi, Michael A.	
Total Number of Pages in This Submission	12	Attorney Docket Number	W9643-02

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form (2x *) <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request (2x *)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CID, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CID	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)		<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		Return Receipt Postcard
Remarks		

* 2x = Duplicate Copies

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	W R Grace & Co. Conn		
Signature			
Printed name	William D. Bunch		
Date	November 17, 2006	Reg. No.	35027

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
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Typed or printed name	Angela M. Porrovcchio	Date	November 17, 2006

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